STUDENT SPECIAL ASSISTANCE FUND APPLICATION

2026-2027 SCHOOL YEAR

For full consideration, please complete the entire form and submit with required attachments. Incomplete application packages will not be reviewed.

Application Date _____ **Student School Enrollment Date** _____

Student I.D.# _____ **School Uniform Required?** ☐ YES ☐ NO

Assistance Needed? (*Select only one*).

- ☐ School Uniform Shirt Size ___ Pants Size___ Uniform Color_____
- ☐ Eyeglasses
- ☐ Hearing Aid
- ☐ 12th Grade Senior Fees
- ☐ 8th Graduation Fees
- ☐ FIRE/DISASTER VICTIM (Attach supporting documentation)

Check here if you are currently receiving assistance from CPS. ☐ YES ☐ NO

List services provided by CPS. _____

Name of School: _____

School Phone Number: _____

School Grade : _____

Graduation Date: _____

Applicant Status: *(For fire victims, please attach supporting document)*.

- ☐ New Applicant
- ☐ 2nd Year Applicant
- ☐ FIRE/DISASTER VICTIM (Attach supporting documentation)
- ☐ Temporary-Living (Homeless)

STUDENT INFORMATION

NOTE: Maximum SSAF assistance is up to (2) consecutive years. Student is automatically ineligible after two consecutive years of funding.

Last Name: _____ **First Name:** _____

Date of Birth: _____ **Age:** _____

Street Address: _____

Chicago **IL** **Zip Code**: _____

E-mail Address: _____ **Phone Number:** _____

PARENT/GUARDIAN INFORMATION

Please provide all sources of income. Parent/legal guardian must show current proof of income for full consideration.

Last Name: _____ **First Name:** _____

Same Residence of Student applicant?
- ☐ Yes
- ☐ No

Address: (*if different from student applicant*): _____

# of Adults in Household _____ **# of Children in Household** _____

Source of Income *(Select all that apply)*
- ☐ Child Support
- ☐ Public Assistance (Aid)
- ☐ Employed
- ☐ Other _____

Total Monthly Income _____

Name of Employer: _____

Employer Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Are you receiving other financial assistance: _____

IMPORTANT! Two school official signatures are required for this form, the school delegate and school principal. For schools that do not have a designated delegate, the required signatories are the principal and either the school nurse (CTU member only) or the designated school clinician.

Delegate Last Name: _____ **First Name :** _____

Delegate Signature: _____ **E-mail** _____

Principal Last Name ***(Required signature)***: _____ **First Name:** _____

Principal Signature: _____

School Counselor/ Social Worker Name ***(Approved Alternative Signatory)*** _____ **Counselor Signature:** _____

School Nurse ***(Approved Alternative Signatory)*** (Include phone number) : _____ **Nurse Signature:** _____

Please mail completed application to:
Chicago Teachers Union Foundation (CTUF)
1901 W. Carroll Ave
Chicago, IL 60612
Office: (312) 429-2100

Required Attachments:

- ☐ Proof of Income (SSI, Public Aid, and/or Copy of Check Stub)
- ☐ Letter from School Official (on school letterhead)

Electronic Submission: Please sign, scan and e-mail completed application along with required documents to: **charisebennett@ctuf.org. Please write SSAF and the Student's Name in e-mail subject line.**

Please do not drop off SSAF applications at the Chicago Teacher Union Foundation office/ reception desk. All applications must be submitted through postal mail service or by e-mail. To expedite your application submission, e-mail your application package.

Eligibility Requirements: Applicant must be residing in low-income household. The household income must be below the federal poverty line. Click here for **Federal Poverty Guidelines.**